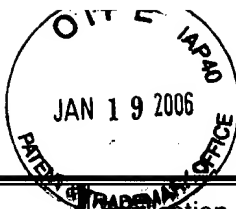


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PTO/SB/122 (10-00) (modified)

TFW

# **CHANGE OF CORRESPONDENCE ADDRESS** *PATENT APPLICATION*

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|                      |                    |
|----------------------|--------------------|
| Application Number   | 09/646,347         |
| Filing Date          | January 4, 2001    |
| First Named Inventor | Marilyn E. KARAMAN |
| Group Art Unit       | 1724               |
| Examiner Name        | Ivars C. CINTINS   |
| Attorney Docket No.  | 63213.000003       |

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| <input type="checkbox"/> Firm or Individual Name | Hunton & Williams<br>Intellectual Property Department |           |              |     |            |
| Attorney of Record                               | Jeff B. Vockrodt                                      |           |              |     |            |
| Address  | 1900 K Street, N.W.                                   |           |              |     |            |
| Address  | Suite 1200  |           |              |     |            |
| City   | Washington  | State     | DC           | Zip | 20006-1109 |
| Country  | USA   |           |              |     |            |
| Telephone  | 202-955-1500  | Facsimile | 202-778-2201 |     |            |

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I am the:

☐

Applicant/Inventor.

☐

Assignee of record of the entire interest.

Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).

☒

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 C.F.R. § 1.33(a)(1). Registration Number: \_\_\_\_\_

|                       |                  |                  |                  |
|-----------------------|------------------|------------------|------------------|
| Typed or Printed Name | Jeff B. Vockrodt | Registration No. | 54,833           |
| Signature             |                  | Date             | January 19, 2006 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐

\*Total of 1 forms are submitted.